



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No.

Reg. Code

Exp.Date

SERIAL NUMBER:

OWNER INFORMATION

DRIVER LICENSE #:

VEHICLES

BOATS

Veh. Type

Boat Type

Make

Make

Year

Year

Model

Model

Mileage

Color

Material

GW/NP/WC

Length

Axles

Propulsion

Fuel

Name

Address

City

State

Zip

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #:

Name

LIEN HOLDER (If Any):

Name

Address

City

State

Zip

I certify the Statements on this application are true and correct.

Signature

Date

AGENCY USE ONLY

Title

Surrendered

Y

N

Document

Print?

Y

N